



TRAFFIC VIOLATOR SCHOOL
PUBLIC SCHOOL INSTRUCTOR
CERTIFICATION/DELETION

☐ CERTIFICATION ☐ DELETION

NAME OF PUBLIC SCHOOL

SCHOOL D.B.A. NAME

SCHOOL ADDRESS (STREET, CITY, ZIP)

TVS LICENSE NUMBER

COMPLETE THIS SECTION IF DELETING AN INSTRUCTOR

NAME OF INSTRUCTOR (FIRST, MIDDLE, LAST)

DRIVER LICENSE NUMBER

DATE OF TERMINATION OF EMPLOYMENT

COMPLETE THIS SECTION IF CERTIFYING AN INSTRUCTOR

NAME OF INSTRUCTOR (FIRST, MIDDLE, LAST)

RESIDENCE ADDRESS (STREET, CITY, ZIP)

DRIVER LICENSE NUMBER

EXPIRATION DATE OF LICENSE

EFFECTIVE DATE OF EMPLOYMENT

IS INSTRUCTOR CONCURRENTLY EMPLOYED AT ANY OTHER TRAFFIC VIOLATOR SCHOOL
☐ Yes ☐ No

IF YES, WHAT IS THE D.B.A. OF THE OTHER SCHOOL(S) (IF YES, ATTACH LETTERS OF ACKNOWLEDGEMENT FROM EACH SCHOOL IN ACCORDANCE WITH 345.13 CALIFORNIA CODE OF REGULATIONS)

The Instructor's qualification to teach is based upon:

☐ TVS Instructor License TVI _____

☐ Teaching Credential (attach a copy)

IF QUALIFICATION IS BASED UPON A TEACHING CREDENTIAL, WHAT TRAINING OR EXPERIENCE IN TRAFFIC SAFETY DOES THE INSTRUCTOR HAVE?

I certify under penalty of perjury under the laws of California that all answers and information contained within this application and all attached documents are true and correct. (Perjury is punishable by imprisonment, fine or both.)

INSTRUCTOR SIGNATURE

DATE

I certify under penalty of perjury under the laws of California that I am the administrator in charge and that all answers and information contained within this application and all attached documents are true and correct. (Perjury is punishable by imprisonment, fine or both.)

NAME OF ADMINISTRATOR

EXECUTED AT (STREET, CITY, ZIP)

ON (DATE)

AUTHORIZED SIGNATURE

X

